		1992320
Campaign Finance Report Short Form EB-2a State Elections Board		\$ \$2021222232¢
Spring Fall Special Pre-Primary Spring Fall Special Pre-Election	Continuing Report due Jan. 31,  Continuing Report due July 20, <u>2015</u>	1 <b>(1)</b> 1 (1) 2011
Buckly for County Bank Name of Candidate or Committee (in full)  3266 West Pornt Rd  Address (number and street)  Coreer Bay WI 500  City, State, Zip		E 41110128 T88
I certify that the above named committee or candidate make disbursements, or incur obligations during the p balance remains the same as previously reported. The 11.06(9), Stats.	period covered by this report and that the cash	
Signature of Committee Treasurer of Candidate  B-2a (Rev. 9/95) (Reformatted 3/98) (Y2K 9/99)	Date Daytime Phone 7-23-/5 & 20 487-30	ə <b>5</b> 2

SHORT FORM – Use For "No Activity" Reporting Period

# Brown County

Campaign Finance Report Short Form EB-2a State Elections Board	,	and the same section of th
Spring Fall Special Pre-Primary		g Report due Jan. 31, g Report due July 20, <u><b>2</b> &amp; L</u> _5
Eisenheim for a Belto Name of Candidate or Committee (in full) 843 Donsman Street Address (number and street) Green Bay, WT 54303 City, State, Zip		1B.y
I certify that the above named committee or candidate make disbursements, or incur obligations during the p balance remains the same as previously reported. The 11.06(9), Stats.	eriod covered by t	his report and that the cash
Signature of Committee Treasurer or Candidate	Date 7/8/15	Daytime Phone (920) 430 -833 &

\*\*\*End of Report\*\*\*

Secretary of the second second

SHORT FORM – Use For "No Activity" Reporting Period

CAMPAIO LOCAL COM	N FINANCE REPO MITTEES OF WISC	RT ONSIN	WIN TO BE STATE OF THE PARTY OF
Is This Report an Amendment:	X No		
Instructions for completing schedules are on the ba	ick of each schedule.		ا
COMMITTEE IDENTIFICATION		18	S 1
Name of Committee		18	
Sneet Address 328 Dovid Dive Cary, State and Zap Code			DOE HERED!
328 Dovid Dive			
City, State and Zip Code			
Please check if address is different than previously reported,	and complete the Campaign	Registration Statement in t	he back of this form,
NAME OF REPORT			
	Spring Fall	l Special	
January Continuing Pre-Primary	C Shung Class	. المالات المالات	☐ Termination Report
Y July Continuing 2015 Pre-Election	Spring Fal	II Special	also complete Schedule 4
SUMMARY OF RECEIPTS AND	Column A This Period	Column B Calendar	
DISBURSEMENTS  1. RECEIPTS	(ms renou	Year-To-Date	•
	Φ 22.70	\$ 77.70	
1A. Contributions (Including Loans) from Individuals	\$ 7,250.00	\$ 7,250.00	
IB. Contributions from Committees (Transfers-In)	\$ - 0 -	\$ -0-	
IC. Other Income and Commercial Loans	\$ -0-	\$ -0-	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 2,250.00	\$ 7,250.00	
2. DISBURSEMENTS			
2A. Gross Expenditures	\$ 763.27	\$ 763.27	
2B. Contributions to Committees (Transfers-Out)	\$ -0-	\$ -0-	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 743.27	\$ 763.27	
CASH SUMMARY			
Cash Balance Beginning of Report	\$ 136.33		
Total Receipts	\$ 2,250.00		
	\$ 2,386.33		
Subtotal  Total Disbursements	\$ 763.27		
CASH BALANCE END OF REPORT	\$ 1,623.06		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$		
LOANS (Balance at the Close of This Period-3B)	\$ 3100.00		

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date:
	74 1.524hs, mo	7-16-15
JAY J.TIBBETTS, MO	770	Daytime Phone
	<u></u>	

NOTE: The information on this form is required by ss.11.06, 11.20. Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61. Wis. Stats.



# RECEIPTS Contributions (Including Loans) From Individuals

	committee Name			
	onds of Matrick Exam			
Instruction	s for completing schedules are on the back	of each schedule		
1	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
21511	5 Dannis Stage N	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
	201 Rosemant Dr.		100.00	
	\$13,WI 54301		100.00	
	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Namallisai as of Ben Kon pe al	e l	
Date		Occupation, Name and Address of Principal Place	<u> </u>	Calendar
211911	5 Poul Por thway	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
	3975 Nort mon 1100			
	Doporo, W154115		100-00	
Date	Check if In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		
	Porse Cel aryanisa	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar
1144115	1201304 1256	, , , , , , , , , , , , , , , , , , ,		Year-to-Date Total
	913, WI 54305		2500	
	413, 20, 34,503	;		
	Check if: Din-Kind Gloss Conduit	Conduit Name: WPS Posp Condit		
Date ,	Check if: In-Kind i Loan Conduit Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place		
1129115	Willia Toukso	Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	1211 Tivergeron 32			
	G13, 00, 54311		25-00	
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name: 4173 Corp ponds		
		Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar
1124115	12 Frick Schillings	i supposition (ii year-to-date total exceeds \$100)		Year-to-Date Total
	G13. W1 54311		25.00	
	413, 201 37311	:	<u> </u>	
	Check if: I In-Kind I I ozel Conduit	Conduit Manager and		
Date	Check if: In-Kind i Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name (NPS (OT) CONTROL OF COUNTY OF CO	Amount	
112015	Breed Trock	Of Employment (if year-to-date total exceeds \$100)	VIIIOUIII	Calendar Year-to-Dale Total
	3283 Eilou Ry		ļ	
	Deter, 101 54115			
			25.00	
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name 20125 Coup Conduit		
1	Thosas M. V.	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar
27175	3230 gran Hom & From	,	.,	Year-to-Date Total
	Thomas Me. 12. 3236 gray How & Food G13, W1 54313		25.00	
	410, WI 74313		ļ~	
	Check if: In-Kind Loan Conduit	Conduit Name:	}	
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	
1 1		Of Employment (if year-to-date total exceeds \$100)	i	Calendar . Year-to-Date Total
(	Check if: In-Kind Loan Conduit	Conduit Name:		
	SUBTO	OTAL ITEMIZED CONTRIBUTIONS THIS PAGE   5°	375.00	
		<del></del>		
	<b>_</b>	· ·	325.00	
	TOTAL	UNITEMIZED CONTRIBUTIONS \$20 OR LESS   \$		
	TOTAL CON	TRIBUTIONS RECEIVED FROM INDIVIDUALS   \$	325.00	
			rof 5	
	*	i	N UT 3	

## RECEIPTS Contributions (Including Loans) From Individuals

Page 2 of 4

Complete Committee Name

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Атоил	Calendar
1110115	- John Miley	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
	1437 7700900 58		50.00	
	G13, W1 54304			
Date	Check if: In-Kind Loan Condult Full Name, Mailing Address and Zip Code	Conduit Name: Occupation, Name and Address of Principal Place		Callandar
1	1 24 1 2	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
1 114 115	Karky PACHOO	]	100.00	Tour to Bato Foto.
	515 Bunsal W	1		
	Dendo AK W1 54203			
	Check if: [7] In-Kind [7] Loan[7] Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
1115115	1339 N Jumpor Ray Pol	Boliza U	250.00	
			-	
	Dajore, 01 54115			
		1 1 3		
	Check if: [ In-Kind [ Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1115115	Recharge 120 sol	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
7 1. 2 1.12	1339 X Sa www Pengo Rd	CEO - 151 Toverson	250-00	
		1330 Below SY		
	De 1000, 101 54115	G13 W1 54308		
		,		
	Check if: In-Kind Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1115115	Kirk Brokenie			7001 10 0010 10101
	4039 3 17how 12117 PT		50 .00	
	Dapte 10, W1 54115			
			1	
	Check if: Aln-Kind [Alasa] Conduit	Conduit Name:	1	
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:  Occupation, Name and Address of Principal Place	Amount	Calendar
	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		
	Full Name, Mailing Address and Zip Code  Praig D. Alma-U  2914 Was Min 1800	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount 700-00	
	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  CEO Brock The total Place YCO S. Washing Jan So		
	Full Name, Mailing Address and Zip Code  Praig D. Alma-U  2914 Was Min 1800	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		
	Full Name, Mailing Address and Zip Code  Paring Division—  2914 Was Will— 1700  813, W1 54313  Check if: In-Kind Loan Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  CEO Brock The age of Feel Place  400 5. West from Jon Sol  G13, W1 54 301  Conduit Name:		
ノリップリング Date	Full Name, Mailing Address and Zip Code  Paris Division  29 4 4 5 2 20 1 - 1740  813, 43 1 5 4 3 1 3  Check if: In-Kind Loan-Conduit  Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  CEO Broad The registration of the State of Stat		Year-to-Date Total  Calendar
ノリップリング Date	Full Name, Mailing Address and Zip Code  Paris Division  29 4 4 5 2 20 1 - 1740  813, 43 1 5 4 3 1 3  Check if: In-Kind Loan-Conduit  Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  CEO Brock The age of Feel Place  400 5. West from Jon Sol  G13, W1 54 301  Conduit Name:	700-00	Year-to-Date Total
ノリップリング Date	Full Name, Mailing Address and Zip Code  Paris Division  29 4 4 5 2 20 1 - 1740  813, 43 1 5 4 3 1 3  Check if: In-Kind Loan-Conduit  Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  CEO Broad The registration of the State of Stat	100-00	Year-to-Date Total  Calendar
ノリップリング Date	Full Name, Mailing Address and Zip Code  Paris Division  29 4 4 5 2 20 1 - 1740  813, 43 1 5 4 3 1 3  Check if: In-Kind Loan-Conduit  Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  CEO Broad The registration of the State of Stat	700-00	Year-to-Date Total  Calendar
ノリップリング Date	Full Name, Mailing Address and Zip Code  Paring Division—  2914 Was Will— 1700  813, W1 54313  Check if: In-Kind Loan Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  CEO Broad The registration of the State of Stat	700-00	Year-to-Date Total  Calendar
ノリップリング Date	Full Name, Mailing Address and Zip Code  Paris De Mara - U  2914 Was Mill - 1800  813, W1 54313  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  1940 Seur D  2410 Seur D  813, W1 54313	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  CEO Brook The graph of Early  YCO 5. Was hearly for Sold  G18, W1 54 301  Conduit Name:  Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	700-00	Year-to-Date Total  Calendar
Date	Full Name, Mailing Address and Zip Code  Paris District  B13, W1 54313  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  The Barry Code  The Barry Code  Check if: Au 54313  Check if: In-Kind Loan Conduit  Check if: In-Kind Loan Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  CEO Brook The region of Early  CONDUCTOR STATE OF STATE	700-00 Amount 75-00	Year-to-Date Total  Calendar  Year-to-Date Total
Date	Full Name, Mailing Address and Zip Code  Paris District  B13, W1 54313  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  The Barry Code  The Barry Code  Check if: Au 54313  Check if: In-Kind Loan Conduit  Check if: In-Kind Loan Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  CEO Brook The graph of Early  YCO 5. Was hearly for Sold  G18, W1 54 301  Conduit Name:  Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	700-00	Year-to-Date Total  Calendar
Date	Full Name, Mailing Address and Zip Code  Paris District  B13, W1 54313  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  The Barry Code  The Barry Code  Check if: Au 54313  Check if: In-Kind Loan Conduit  Check if: In-Kind Loan Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  CEO Broad The registration of the State of Stat	700-00 Amount 75-00	Year-to-Date Total  Calendar  Year-to-Date Total  Calendar
Date	Full Name, Mailing Address and Zip Code  Paris District  B13, W1 54313  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  The Barry Code  The Barry Code  Check if: Au 54313  Check if: In-Kind Loan Conduit  Check if: In-Kind Loan Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  CEO Broad The registration of the State of Stat	700-00 Amount 75-00	Year-to-Date Total  Calendar  Year-to-Date Total  Calendar
Date	Full Name, Mailing Address and Zip Code  Paris District  B13, W1 54313  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  The Barry Code  The Barry Code  Check if: Au 54313  Check if: In-Kind Loan Conduit  Check if: In-Kind Loan Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  CEO Broad The registration of the State of Stat	700-00 Amount 75-00	Year-to-Date Total  Calendar  Year-to-Date Total  Calendar
Date	Full Name, Mailing Address and Zip Code  Paris De Visso V  2014 Was Will 11  B13, W1 54313  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  7410 Security Address and Zip Code  2410 Security Address and Zip Code  Check if: In-Kind Chean Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  CEO Broad The registration of the State of Stat	700-00 Amount 75-00	Year-to-Date Total  Calendar  Year-to-Date Total  Calendar
Date	Full Name, Mailing Address and Zip Code  Party De Mora - U  2014 Was 2011 - 1700  813, W1 54313  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  1040 Seur D  2410 Seur D  2410 Seur D  2410 Seur D  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  Expos Office of Seur D  417 Dory St  413, W1 54301	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  CEO Broad The registration of the State of Stat	700-00 Amount 75-00	Year-to-Date Total  Calendar  Year-to-Date Total  Calendar
Date	Full Name, Mailing Address and Zip Code  Paris District  B13, W1 54313  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  The Barry Code  The Barry Code  Check if: Au 54313  Check if: In-Kind Loan Conduit  Check if: In-Kind Loan Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  CEO Brook The region of Employment (if year-to-date total exceeds \$100)  Conduit Name:  Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  Conduit Name:  Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	700-00 Amount 75-00 Amount 50-00	Year-to-Date Total  Calendar  Year-to-Date Total  Calendar
Date	Full Name, Mailing Address and Zip Code  Party Devices 1991 - 1700  B13, 401 54313  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  B40 54313  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  B40 54313  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  B40 54301  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  Check if: In-Kind Loan Conduit  Check if: In-Kind Loan Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  CEO Brook The region of Employment (if year-to-date total exceeds \$100)  Conduit Name:  Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  Conduit Name:  Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	700-00 Amount 75-00	Year-to-Date Total  Calendar  Year-to-Date Total  Calendar
Date	Full Name, Mailing Address and Zip Code  Party Devices 1991 - 1700  B13, 401 54313  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  B40 54313  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  B40 54313  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  B40 54301  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  Check if: In-Kind Loan Conduit  Check if: In-Kind Loan Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  CEO Broad The registration of the Standard Stan	700-00  Amount 75-00  Amount 50-00	Year-to-Date Total  Calendar  Year-to-Date Total  Calendar
Date	Full Name, Mailing Address and Zip Code  Party Devices 1991 - 1700  B13, 401 54313  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  B40 54313  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  B40 54313  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  B40 54301  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  Check if: In-Kind Loan Conduit  Check if: In-Kind Loan Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  PEO Brook The register Solution of Solution (Inc.)  PEO Brook The register Solution (Inc.)  PEO Brook The register (I	700-00 Amount 75-00 Amount 50-00	Year-to-Date Total  Calendar  Year-to-Date Total  Calendar
Date	Full Name, Mailing Address and Zip Code  Party De Vision 1  2014 Use William 1  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  7040 Seur D  2410 Seur D  2410 Seur D  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  Full Name, Mailing Address and Zip Code  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  Check if: In-Kind Loan Conduit  Check if: In-Kind Loan Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  PEO Broad The registry of Early  PIB, WI 5430/  Conduit Name:  Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  Conduit Name:  Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  Conduit Name:  Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  Conduit Name:  OTAL ITEMIZED CONTRIBUTIONS THIS PAGE  TOTAL ITEMIZED CONTRIBUTIONS	700-00  Amount 75-00  Amount 50-00  \$ 975-00  \$ 975-00	Year-to-Date Total  Calendar  Year-to-Date Total  Calendar
Date	Full Name, Mailing Address and Zip Code  Party De Vision 1  2014 Use William 1  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  7040 Seur D  2410 Seur D  2410 Seur D  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  Full Name, Mailing Address and Zip Code  Check if: In-Kind Loan Conduit  Full Name, Mailing Address and Zip Code  Check if: In-Kind Loan Conduit  Check if: In-Kind Loan Conduit	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  CEO Broad The registration of the Standard Stan	700-00  Amount 75-00  Amount 50-00  \$ 975-00  \$ 975-00	Calendar Year-to-Date Total  Calendar Year-to-Date Total  Calendar Year-to-Date Total
Date	Full Name, Mailing Address and Zip Code  Party Conduit  Plant Conduit  Full Name, Mailing Address and Zip Code  Party Code  Pa	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  PEO Broad The registry of Early  PIB, WI 5430/  Conduit Name:  Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  Conduit Name:  Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  Conduit Name:  Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  Conduit Name:  OTAL ITEMIZED CONTRIBUTIONS THIS PAGE  TOTAL ITEMIZED CONTRIBUTIONS	700-00  Amount 75-00  Amount 50-00  \$ 975-00  \$ 975-00	Calendar Year-to-Date Total  Calendar Year-to-Date Total  Calendar Year-to-Date Total
Date	Full Name, Mailing Address and Zip Code  Party Conduit  Plant Conduit  Full Name, Mailing Address and Zip Code  Party Code  Pa	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  CEO Broad The region of Early  CONDUIT Name:  Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  Conduit Name:  Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)  Conduit Name:  OCCUPATION NAME ADDRESS OF PRINCIPAL Place Of Employment (if year-to-date total exceeds \$100)  Conduit Name:  OTAL ITEMIZED CONTRIBUTIONS THIS PAGE  TOTAL ITEMIZED CONTRIBUTIONS \$20 OR LESS	Amount 75.00  Amount 50.00  \$ 975.00  \$ 975.00	Calendar Year-to-Date Total  Calendar Year-to-Date Total  Calendar Year-to-Date Total

# SCHEDULE 1-A

# RECEIPTS Contributions (Including Loans) From Individuals

Complete Comm	ittee Name			
Frances	of Porish Evans	ob schedule		
	completing schedules are on the back of ear Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar Year-to-Date Total
l Date l	Full Mairie, Mairing Floor out and and	Ol Employment (if year-to-date total exceeds \$100)		7 Gar 10 G = 1-
1 120,15	Robert alors		100-00	
]	3486 501. Viele 18d		·  -	
	Dapero, co 1 54115			
1				
	Check if: In-Kind [ Loan Conduit	Conduit Name:		Calendar
Date	Check if: In-Kind I Loan Conduit Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
	Lowrence Tempokid	Of employment in year to date to the second of the second	200.00	
1120113	1646 PEAK QUE	proxente-8 A18 /2/201811 >	200	
	Aprena 1, W154956	118 W Perform SY		<del></del>
	Moena, WIDIT	march. W1 54956		
		Can dell blome:	İ	
	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar Year-to-Dale Total
Date	Full Name, Mailing Address and Zip Code	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
1120115	Ken Week to		100.00	}
1	5100111111			
	QB W1 54301			
	Conduit	Conduit Name		Calonda
	Check if: In-Kind   Loan Conduit Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar Year-to-Date Total
Date	run Marie, maning rounds and En 3000	Of Employment (if year-to-date total exceeds \$100)	ĺ	, was to Best (etc.)
1121115	Jonnofo 13000 ) 1692 Navoy 400		50-00	
'	1692 1/2200 200			
	G13, W1 54303			
	Check if: In-Kind Loan Conduit	Conduit Name:	Amount	Calendar
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Allouik	Year-to-Date Total
_		1	150-00	
1122115	Out House High 1 120	18. Noval	130-00	
	D. por-, 03154115			
		1		
	Check if: In-Kind E Loan Conduit	Conduit Name: Occupation, Name and Address of Principal Place	Amount	Calendar
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of the exceeds \$100)  Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
1122115	doeldron round		50.00	
/ / / / / /	7610 910112	1	3	]
	G-13, WI 54501	1		
	0.,2	:		
	Check if: In-Kind Loan Conduit	Conduit Name:		Calacita
	Address and Zio Code	L Operation Name and Address of Principal Place	InvornA	Calendar Year-to-Date fotal
Date	markey Van as 16.0	' Of Employment (if year-to-date total exceeds \$100)	ļ	
212115	Pull Name, Majing Address and 24 Code  Approximate Van as you  N 2586 Moloney 1820  Machenero, W1 54130	Source Arrest Ex - m3	250-00	
1	N 2300/10	480 Psagn- alog 613, W. 54324		
	Maukando, ON 24120	G13, W. 54304		
	Check if: In-Kind Loan Conduit	Conduit Name:	Amount	Calendar
Date	The statement and Zin Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Villogist	Year-to-Date Total
1		Or Employment (ii year-to-date total excessor \$750)		
2, 2,15	12581 Wolonsy Ho		50.00	
	1 54/30	•		
-	Kan Man, a.			
	Check if: In-Kind Loan Conduit	Conduit Name:		
l		TOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 950.00	
	200		مدر م <i>رس</i> ر م	
		TOTAL ITEMIZED CONTRIBUTIONS	\$ 950.00	
			s	
	TOTA	AL UNITEMIZED CONTRIBUTIONS \$20 OR LESS		
	70TAL 00	ONTRIBUTIONS RECEIVED FROM INDIVIDUALS	s 950 00	
	TOTAL CO	NATIVIDATIONS (17.1.1.2	s 950.00 4 of	1 5
			4 01	

## DISBURSEMENTS Gross Expenditures

Page 4/of 4/

Complete Committee Name

Instructions for	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount -
6 115115	Bedaglad Phony The	Mow 3 to The	425.17
	610 gasgo 3V		7/3.77
	5000 101 74115		
	Check if: [] In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
Date	Of Person or Business to Whom Payment is Made	Openior dipose di Experiorate	1 3110-111
Q115115	M 5 125 4 10 103 20 0	2 28/	
	M 37637 110 37 0	Postage - News-Allow	320-10
	·		
	Check if: [2] In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
مے دیں ہیں	Of Person or Business to Whom Payment is Made		
11/15	33,3 portin and Dr. 30-0 A-1	account Fee >	18-00
6-2-25	33,3 Poo Has and Dr. 30-6 A-1		
•	Check if: In-Kind Offset		
Data	Check if: [E] In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
Date	Of Person or Business to Whom Payment is Made	- '	
1 1			
	Check if: 🗓 In-Kind Offset	10	A
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
, ,	Of Person or Business to Whom Payment is Made		
, ,			
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
55.0	Of Person or Business to Whom Payment is Made		
/ /			
	Check if: C In-Kind Offset	Specific Purpose of Expenditure	Amount
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Openine : orpose of Exponential	
/ /	Of Following Business to Transfer Byth		
1			
		Min of American	
	Check if: C In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is Made		
_ ′ ′			
	Charlis III In Kind Offent		
Date	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
Date	Of Person or Business to Whom Payment is Made		
1 1			
	Check if:   In-Kind Offset		
	SUBTOTAL	ITEMIZED EXPENDITURES THIS PAGE	\$ 763.27
	J25(3),12		
			s 743.27
		TOTAL ITEMIZED EXPENDITURES	\$ 765.27
	TOTAL UNIT	EMIZED EXPENDITURES \$20 OR LESS	\$
	10 IAC BAITE		11-11-11-11-11-11-11-11-11-11-11-11-11-
			7/2 07
		TOTAL EXPENDITURES	\$ 743.27

• .		
Campaign Finance Report Short Form EB-2a State Elections Board		2015
Spring Fall Special Pre-Primary  Spring Fall Special Pre-Election	Continuing Report due Jan. 31,	Con
		6058CD
Name of Candidate or Committee (in full)	KNDS OF JOHN GOS	SAGZ)
Address (number and street) J436	PEAST RIVER TERRIE	ALF
City, State, Zip	LEN BAY WE 54	311
certify that the above named committee or candida make disbursements, or incur obligations during the balance remains the same as previously reported. 11.06(9), Stats.	period covered by this report and that the cash	- 17
Signature of Committee Treasurer of Candidate  Authority Committee Treasurer of Candidate  Odumy	Date : Daytime Phone (920) 448	2557
HB-24 (Rev. 9/95) (Reformatted 3/98) (V2K 9/99)	7 /	

SHORT FORM – Use For "No Activity" Reporting Period

	GN FINANCE REPO IMITTEES OF WISC	TO STOTE T	gp2122
Is This Report an Amendment: Yes	⊠ No	A SIN CONSIN	A TELL
Instructions for completing schedules are on the b	•	1 2 P	ECEIVED  1111 2015  Sandra L. Juna Sandra L. Juna
COMMITTEE IDENTIFICATION	****	( <u>6</u>	1111 2015
Name of Committee	F	18	condra L. Juno
Street Address	guster .	\ \E_OF	FICE USE ONE
1775 Dector or Are	***************************************		(93464)
Green Bay Wt 543	02		
Please check if address is different than previously reported,	<del></del>	Registration Statement in t	the back of this form.
NAME OF REPORT			
January Continuing Pre-Primary	Spring Fal	I Special	
July Continuing 15 Pre-Election	Spring Fal	ll Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND	Column A	Column B	
DISBURSEMENTS	This Period	Calendar	
1. RECEIPTS		Year-To-Date	
1A. Contributions (Including Loans) from Individuals	\$ 245,00	ên.	remandaries que la companya qu
1B. Contributions from Committees (Transfers-In)	\$	\$	
1C. Other Income and Commercial Loans	\$	\$	
TOTAL RECEIPTS Add totals from 1A, 1B and 1C)	\$ 245.	\$	
2. DISBURSEMENS			_
2A. Gross Expenditure	\$ 9.82	\$	
2B. Contributions to Committees (Transfers-Out)	\$	\$	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 9,82	\$	
CASH SUMMARY			
Cash Balance Beginning of Report	\$ 841.80		
Total Receipts	\$ 245.00		
Subtotal	\$ 1036.80		
Total Disbursements	\$ 9.82	-	
CASH BALANCE END OF REPORT	\$ 1076.78		•
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$	<del></del> \$	· -
LOANS (Balance at the Close of This Period-3B)	\$		
I certify that I have examined this report and to the best of	f my knowledge and belief	it is true, correct and co	mplete.
Type or Print Name of Candi ate or Treasurer Sign	ature of Candidate or Treasure	Date:	1-20-15
Staush Griszynski /	hand // In	Daytime P	7-20-15 hone: 920, 216 3783

NOTE: The information of this form is required by ss.11.06, 11.20, Wis. Statz. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

# RECEIPTS Contributions (Including Loans) From Individuals

Page \_\_\_\_ of \_\_\_

Complete Committee Name

Instructions fo	or completing schedules are on the back of ea	ach schedule.		•
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1 110 115	Dennis Hugles Jr. 1452N. Humbildt 124 Milwanter, WI 53202	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
1 .4- / 1	1.67		\$ 10.00	010
	160 LN. Mansolot 1771		Gr. 10.	
	M: 1 wanter WI 5520 6	No.		
		Conduit Name		
Date	Chec : Cin-Kind Ci Loan Conduit	Conduit Name:  Occupation, Name and Address of Princip:flace	1 50	Calendar
l .	1 18.5	Of Employment (if year-to-date total excee, 3\$100)	8 10.50	Year-to-Date Total
2110115	Demis Hughest		'a '	a.w.
		·		4.00
	λ( 1)		.	
	·			
	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		Calendar
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Year-to-Date Total
3110115	Dennis Hugher Jr		ا غما	- 1 - BO
	3 2,00 1		10.00	\$ 30.°°°
	1 t		<b>1</b>	
	Check if: In-Kind Loan Conduit	Conduit Name:		
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Celendar . Year-to-Dago Total
4110115	Dennis Hughes Jr	Of Employment (if year-to-date total exceeds \$100)	. , ,,,,	י מגו ג
, , ,			3610.	<b>β</b> , ~υ.
	v "		"	
	Chack if: File-Kind Filesoff Conduit	Conduit Name:		
Date	Check if: I In-Kind I Loan Conduit Full Name, Malling Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
سعن دن سيع	Dennis Hugues Jr	Of Employment (if year-to-date total exceeds \$100)	AL 500	Year-to-Date Total
DIWID	1) Ecci.	•	\$10.00	<b>%</b> 50.°
	11. 14			<b>V V</b>
	kit. D D. D	Canada Nama		
Date	.k if. Check; r. ☐ In-Kind ☐ Loan☐ Conduit Full Nat. a, Mailing Address and Zip Code	Occupation, Name and Address of Principa Place	Amount	Calendar
	Gy August August 1900	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
را الها الم	Staush Grustynski		M 70 00	Kw'
	1715 Dickner Ave Green Day wit 59302		dt 20.	<u> </u>
	Green Day WI S9302			
	Check If: In-Kind I Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:	Amount	Calendar
Date	ruli Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
61/6115	Mathew Dansenberg 152 EMill Pky Apt 102 Madison, WI 53718	Tield Director WLCV	\$125.00	שוא אוא או
,	JOS GHILL BLY SOTIO	133 S. Butter S. #320	MICO.	€ 115.00
	M. Jiens UT CZ+10	Madison WI, 53703		
:	prication, we solve	_		
	Check If: In-Kind Loan Conduit Full Name, Malling Address and Zip Code	Conduit Name:		
Date	Full Name, Malling Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar Year-lo-Date Total
6128115	Amas Samok	Of Employment (if year-to-date total exceeds \$190)	N75 000	Year-lo-Date Total
	Anne Sayers 6546 Doral Circle		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	<b>₩</b> 'Ų,
	Madison, WI 53711			
	INCORISTLY WIL DOTAL			
	Check if: In-Kind In-Loan Conduit	Conduit Name:		
			. 210	
	SUBT	OTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 220	
		TOTAL ITEMIZED CONTRIBUTIONS	\$	
		. 10 THE ITEMISED CONTINED (1049		
	TOTAL	UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$	,
	TOTAL COL	NTRIBUTIONS RECEIVED FROM IND ADUALS	\$	
	m TOTAL COI	A I KIDU HUMS KECEIVED FROM INDIMIDUALS	/	İ
			7) 1	•

## SCHEDULE 1.5 7 A.

Complete Committee Name

# RECEIPTS Contributions from Committees In dividuals

Page L of Z

(Transfers-In)

Instructions for	completing schedules are on the back of each schedule.		
Date	Full Name of Committee, Mailing Address and Zip Code	A services	Calendar
		Amount	Year-To-Date Tot
12115	1 and William Sandy	A-75	\$ 25.00
	Mulyn, wt 5370	W 2.7.	DT 00.
	Check if:	•	
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
1 1			Year-To-Date Tol
		ند	
		J.	
	Check if:	7	
Date	Full Name of Committee, Mailing Address and Zlp Code	Amount	Calendar Year-To-Date To
1 1			(04)-10-54(010
	Check if: In-Kind I Loan		Calendar
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Year-To-Date To
t = t			
	Observe Company (Company)		
Date	Check if:	Amount	Calendar
			Year-To-Date To
1 1			
	Check if:		
Date	Full Name of Committee, Mailing Address and Zlp Code	Amount	Calendar
1 1	· ·		Year-To-Date To
. ,			
		Ì	
	Check if: 🖸 In-Kind 🔲 Loan		
Date	Full Name of Committee, Malling Address and Zip Code	Amount	Calendar Year-To-Date To
1 1			
D-1-	Check if:	Amount	Calendar
Date	ruli ivarije bi Committee, Malling Adoress and Zip Code	Aniount .	Year-To-Date To
1 1			
	Chack if: 🖸 in-Kind 📵 Loan		
Date	Full Name of Committee, Mailing Address and Zlp Code	Amount	Calendar
			Year-To-Date To
1 1			
	Check if: 📵 In-Kind 🖸 Loan	-	
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date To
1 1			1001-10-040-11
······	Check if: 🖂 In-Kind 🖂 Loan		<u> </u>
•		\$ 25.00 \$ 245.00	
	CUDTOTAL CONTRIBUTIONS (Tourston In Title BACE	1. 25.	1
	SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	4	4
		00 256	
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	1, 7,40,	
	TOTAL GONTRIBUTIONS (TRAISIEIS-III) RECEIVED PROM COMMITTEES	<u> </u>	3 of 4
			3 or 4

## SCHEDULE 2-A

## DISBURSEMENTS Gross Expenditures

Page \_\_\_ of \_\_\_

Complete Committee Name

instructions for	completing schedules are on the back of each schedute.	•	
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
6,10,15	Of Person or Business to Whom Payment is Made	1000 Pm	04
4 /1 - / 14	Paylal 2211 N. Fizz 34.	pels for Service	7 7/
	Jan Jose CA	Consta	<i>-</i> ,
	73/3/	30, 110	[
	Check if:  In-Kind Offset		,
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
6,18,15	Of Person or Business to Whom Payment Is Made		11 (2)
¥ 1 V/ / ·	pay pal ,,	<i>''</i>	4,81
	''		
	,		
	Check if:		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
10130115	•		ob
•	Porpal 1	<i>"</i>	ラッチ ト
•	ξ - <b>ξ ξ</b> ,		<i>( ' ' ' ' ' ' ' ' ' '</i>
	Observation III to 1911-1 Avenue		
Date	Check if:	Specific Purpose of Expenditure	Amount
DAIC	Of Person or Business to Whom Payment is Made	Specific raipose of experience	, 1110-0711
1 1			
İ			
	Check if: In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is Made		
/ /			
	_		
	Check If:		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
, ,	Of Person of Business to vinom Payment is Made		
	•		
	Observices To to 100 at 000 at	· ·	
Date	Check if: D in-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
Date	Of Person or Business to Whom Payment is Made	Opening t dipose at experience	*
1 1	,		
			•
	Check if:	•	
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
, ,	Of Person or Business to Whom Payment is Made		
_ / /			
			,
	Check If: In-Kind Offset	Consider Francisco de Francisco de Propositiones de Propo	Amount
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 1	Or 1 broom of Business to Avitori Layinetit is Ividue		
	Check If:  In-Kind Offset		
	Olleck II, III II PAlid Oliset		0 61
			9 82
	SUBTOTAL IT	EMIZED EXPENDITURES THIS PAGE	\$ .
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		man at the state of the state o	
		TOTAL ITEMIZED EXPENDITURES	\$
	TOTAL HAITER	MIZED EXPENDITURES \$20 OR LESS	\$
	IOTAL UNITED	through but a side of the side	~ d·1
			9 95
		TOTAL EXPENDITURES	\$ N. 1/4
	***End of Report	***	HALL
	-ing or vehou	•	1,01,3

· .			/90	TEINED !
Campaign Finance Report Short Form EB-2a State Elections Board		A	1817161718/	UL 2015
Spring Fall Special Pre-Primary  Spring Fall Special Pre-Election		ng Report due Jan. 31, ng Report due July 20, <u>AV</u>	ूर्टी है।।।	168 <b>79846</b>
Address (number and street) 2574	Dakwoo	Tulie Jansck		
City, State, Zip (Control 1) Control 1 Certify that the above named committee or candidate make disbursements, or incur obligations during the balance remains the same as previously reported. 11.06(9), Stats.	ite did not receive i period covered by	contributions or other income, this report and that the cash		
Signature of Committee Treasurer or Candidate  **Ep-2a (Rev. 9/95)*(Reformatted 3/98) (Y2K 9/99)	Date   M/18/15	Daytime Phone -920 · 499.	8805	
	•	,		

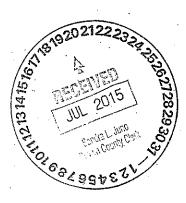
SHORT FORM – Use For "No Activity" Reporting Period

Campaign Finance Report Short Form EB-2a State Elections Board	- I - I - I - I - I - I - I - I - I - I
Spring Fall Special Pre-Primary  Spring Fall Special Pre-Election	Continuing Report due Jan. 31, 2015
Name of Candidate or Committee (in full)  Address (number and street)  City, State, Zip	dy Juno Dauphin 5t. en Bay, WI 54301
I certify that the above named committee or candidat make disbursements, or incur obligations during the balance remains the same as previously reported. T 11.06(9), Stats.	period covered by this report and that the cash
Signature of Committee Treasurer or Candidate	Date Daytime Phone 7-8-15 930.448.4021



SHORT FORM – Use For "No Activity" Reporting Period

Campaign Finance Report Short Form EB-2a State Elections Board			
Spring Fall Special Pre-Primary  Spring Fall Special Pre-Election	_	Report due Jan. 31, _ Report due July 20, _	
Name of Candidate or Committee (in full) $\mathcal{F}_{l}$ Address (number and street) $1/320$ $N_{l}$	riends C Crestuieu	of Carol DR.	
City, State, Zip Fountain Hills, 47	z 8	5268	
I certify that the above named committee or candidate make disbursements, or incur obligations during the p balance remains the same as previously reported. The 11.06(9), Stats.	eriod covered by t	his report and that the	cash
Signature of Committee Treasurer or Candidate  Worl Kelso	Date 7/17/15	Daytime Phone 480 584	3698



SHORT FORM – Use For "No Activity" Reporting Period

Campaign Finance Report Short Form EB-2a State Elections Board		
Spring Fall Special Pre-Primary Spring Fall Special Pre-Election	Continuing Report due Jan. 31,  Continuing Report due July 20, 15	0021222324
Name of Candidate or Committee (in full)  O 9	011018	Sarcia L. July Cury Cury
make disbursements, or incur obligations during t	idate did not receive contributions or other income, the period covered by this report and that the cash I. This report fulfills filing requirements under Sec.	Strate Line Strate
Signature of Committee Treasurer or Candidate	Date Daytime Phone	55
EB-2a (Rev. 9/95) (Reformatted 3/98) (V2K 9/99)		

SHORT FORM – Use For "No Activity" Reporting Period

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN  Is This Report an Amendment:  Yes  No  Instructions for completing schedules are on the back of each schedule.  COMMITTEE IDENTIFICATION  Inne of Committee  Figure 4 s of Chuck Mahlik  Ireet Address					
Is This Report an Amendment: Yes	[ No		12/20	- EP (EP) 1793-	
Instructions for completing schedules are on the b	•		1374	2015	
COMMITTEE IDENTIFICATION	ack of each schedule.		12	302 88	
Name of Committee			101	Stoke Conch Clark	
Friends of Chuck Mahlik Street Address			0.0	EUCETUSE ONLY	
3103 S Clay 5+			Or.	NGEROSECATET	
Green Day, W1 54301					
Please check if address is different than previously reported,	and complete the Campaign	Registration S	tatement in t	he back of this form.	
NAME OF REPORT			· · · · · · · · · · · · · · · · · · ·		
January Continuing Pre-Primary	Spring  Fal	I Spe	cial	TVI	
July Continuing 2015 Pre-Election	Spring Fal	Il Spe	cial	X. Termination Report also complete Schedule 4	
SUMMARY OF RECEIPTS AND	Column A	Colun	on B		
DISBURSEMENTS	This Period	Caler	ndar	•	
1. RECEIPTS		Year-To	o-Date		
1A. Contributions (Including Loans) from Individuals	\$ . 0	\$ 0			
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ ల			
1C. Other Income and Commercial Loans	\$ 91.05 \$ 91.		05		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 91.05	\$ 91.	05		
2. DISBURSEMENTS		.`			
2A. Gross Expenditures	\$ 50,75	\$ 50	.75		
2B. Contributions to Committees (Transfers-Out)	\$ 994.68	\$ 990	68		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1,047,43	\$ 1,04	7.43		
CASH SUMMARY	. ".				
Cash Balance Beginning of Report	\$ 956.38				
Total Receipts	\$ 91.05			, i	
Subtotal	\$ 1,047.43				
Total Disbursements	\$ 1,047.43			2.4	
CASH BALANCE END OF REPORT	\$ 5			•	
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0				
LOANS (Balance at the Close of This Period-3B)	\$ 0				
I certify that I have examined this report and to the best of	of my knowledge and belief	it is true, cor	rect and con	nplete.	
- · · · · · · · · · · · · · · · · · · ·	nature of Candidate or Treasurer		Date: 7/	20/12	
Charles 7. Mahlik	Sial 7 Malle		Daytime Di	none: (920) 360-3452	

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

## SCHEDULE 1-C

#### **RECEIPTS** Other Income and Commercial Loans

Page 2 of 5

Complete Committee Name

Friends of Chuck Mahlik
Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
3/30/15	Gannett Wisconsin Media	Refund		
	PO Box 59	Advertising	91.05	
	Appleton, W1 54912 Full Name, Mailing Address and Zip Code	_		
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
1 1	5. 552/55 5. 11/25/115			
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
1 1	•			
	Pull Address and To Oads		A	
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
1.1				
Date	Full Name, Mailing Address and Zip Code	Type of Income	Amount	Office Use
, ,	of Source of Income		•	
, ,				
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
1 1	or source or illicome			
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
1 1			·	
Date	Full Name, Mailing Address and Zip Code	Type of Income	Amount	Office Use
1. 1	of Source of Income			
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
1 1	or dogree of moone			
ps	Coll Manage Market Address and 72 of the	Tues of teasure	A	
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
1 1		**************************************		
-				
	SUBTOTAL	OTHER INCOME THIS PAGE	\$ 91.05	
	TOTAL	LITEMIZED OTHER INCOME	\$ 0	
	TOTAL UNITEMIZED O	THER INCOME \$20 OR LESS	\$ 0	
		<b>*************************************</b>	91.05	
		TOTAL OTHER INCOME	Ψ	(Section   Control   Con
			!	2 of 6

SCHEDULE 2-A

## DISBURSEMENTS Gross Expenditures

Page \_3\_ of \_5\_

Complete Committee Name

Friends of Chuck Mahlik

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Specific Purpose of	Amount	Office Use
4/7/15	Of Person or Business to Whom Payment is Made	Expenditure		Val. (Sections)
1 / / / / / / / / / /	Blue host	1984) 411-0		
	560 Timpangos Pkwy	Websitz	23.88	
	0rem 0T 84097	Domain Name		
Date	Check if: ☐ In-Kind Offset Full Name, Mailing Address and Zip Code	0		
	Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
4/8/:5	· ·	-		
_	Biushost The Townships Pierry	Security for	C( 1-	
	560 Timpan 5503 Plewy Orems UT 84097	いもちょうと	26.87	
	Check if:  In-Kind Offset	Domain Wanes		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of	Amount	Office Use
	Of Person or Business to Whom Payment is Made	Expenditure		
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	Check if:			
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of	Amount	Office Use
1 1	Of Person or Business to Whom Payment is Made	Expenditure		
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Date	Check if:	Saariii Duraaaa	A	
Date	Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
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	Check if:  In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of	Amount	Office Use
	Of Person or Business to Whom Payment is Made	Expenditure		
/ /		1		
}	Check if:  In-Kind Offset			
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of	Amount	Office Use
1 1	Of Person or Business to Whom Payment is Made	Expenditure		
	a			
Date	Check if:	Caraisa B		
Date	Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
1 1	or all and a second of the sec	CAPONGRATO		
	Check if: 🔲 In-Kind Offset	]	ļ	
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of	Amount	Office Use
	Of Person or Business to Whom Payment is Made	Expenditure	, allowing	7.110E 03E
/ /				
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	Check if:  In-Kind Offset	<u>                                       </u>		
	Attenda mar annu de la competitación de la com			
	SUBTOTAL ITEMIZED EXI	PENDITURES THIS PAGE	\$ 50.75	
	ΤΟΤΔΙ ΙΤ	EMIZED EXPENDITURES	\$ 50.75	
	TOTALII	EN LIMITORES	<u> </u>	26 - 100 CONTRACTOR CO
	TOTAL UNITEMIZED EXPE	NDITURES \$20 OR LESS	\$	
				46 36 Q x 12 3 4 4 4 1 1 1 2 7
		TOTAL PURPLE	50.75	
		TOTAL EXPENDITURES	\$	
		•		3 of 6

## SCHEDULE 2-B

# DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page of	Page	of	
---------	------	----	--

Complete Committee	Name			
Friends	of	Chuck	Mahlic	

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
120/15	· Charles 7. Mahlik		i cai-10-Date Iolai
	3167 & Clay 34	996.68	1
	Green Bay, w 5430;		
5.4	Check if:  In-Kind  Loan		
Date	Full Name, Mailing Address and Zip Code	Amount .	Catendar Year-To-Date Total
1 1			Teal-10-Date Total
			1
	Check if: [] In-Kind [] Loan		
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar
1 1		,	Year-To-Date Total
, ,			
	· ,	•	
	Check if:  In-Kind  Loan		
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar
		7 11.14 11.14	Year-To-Date Total
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	Observer Fig. 1. 19. 1		
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Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Vena Ta Deta Teta
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	Check if: In-Kind II Loan		
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar
1 1			Year-To-Date Total
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,	Check If:		*
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar
			Year-To-Date Total
$I \subseteq I$			
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	Charles G in Kind G Land	•	
Date	Check if:	Amount	Calendar
Date:	to an induse, waturing Address and Zip Code	Amount	Year-To-Date Total
1 1			
			•
	Check if: 🖸 In-Kind 🔟 Loan		
Date	Full Name, Malling Address and Zip Code	Amount	Calendar
1 1	·		Year-To-Date Tota
. '			
	Check if:  In-Kind  Loan		
		997	
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$ 996.68	
	•		-
	man manuscript and the second	996.68	
TO'	TAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	\$ 170.0	

4,46

## SCHEDULE 3-B

## **ADDITIONAL DISCLOSURE**

Loans

Individual, Committee or Commercial

Page 4 of 5

Complete Com	nittee Name						
Friend	s of Chucic Mah	HIC.					
instructions fo	r completing schedules are on	the back of each schedule					
	Full Name, Mailing Address and	Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This	Cumulative Payments	Outstanding Balance	•
Date	Charles Mahiik	<u> </u>	or this relied	Period	This Period	End of This Period	
4/14/14	3103 s clay sr	e la ne	500.00	0	0	500.00	
List All Endorse	Green Bay, William or Guarantors (if any)	\$ 1301			Lancor		
	· · · · · · · · · · · · · · · · · · ·						学的的 区数数
Full Name, Mail of Guarantor	ing Address and Zip Code	Occupation					
		Name and Address of Employer			The state of the s		. V lave
		Amount Guaranteed Outstanding					
Full Name, Mail	ing Address and Zip Code	\$ Occupation					
of Guarantor							
	. ,	Name and Address of Employer					
	· .	Amount Guaranteed Outstanding					
	Full Name, Mailing Address and	•	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments	Outstanding Balance	70.13
Date	Charles Mah		SI TIMO I CITOG	renod	This Period	End of This Period	
5/14/14	3103 S Clay	S+ L1 = 4301	500.00	0	Ð	500.00	
List All Endorse	rs or Guarantors (if any)	~. 3 (3 - )	.1				F7724
of Guarantor	ing Address and Zip Code	Occupation			3432 44344	4-7/2555	
	•	Name and Address of Employer					# 19
	•				10.54 10.54		
		Amount Guaranteed Outstanding				44.69.41.60	
Full Name Mail	ing Address and Zip Code	S					
of Guarantor	mg radiood and tip oddo						
		Name and Address of Employer	,				
		Amount Guaranteed Outstanding			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
oikeer — overstand for t		\$	· ,			建电视电影图式	
	Full Name, Mailing Address and	•	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period	
Date	3103 5 Clay						
6/16/14	Green Bay,		1,000.00	0	0	1,500,00	
List All Endorse	rs or Guarantors (if any)				18676	19-62 states who is	333
Full Name Mail	ng Address and Zip Code	Occupation					
of Guarantor	ng Address and Zip Code						
		Name and Address of Employer					
•		A				经第一批销售的 医外胚的	
		Amount Guaranteed Outstanding .					
Full Name, Maili	ng Address and Zip Code	\$ Occupation					
of Guarantor	<u></u>	· · · · · · · · · · · · · · · · · · ·					opia Note
		Name and Address of Employer					37.
•		Amount Guaranteed Outstanding					, 65 c. 2 c. 2
		•					
	WHAT THE REAL PROPERTY OF THE PARTY OF THE P	\$					班.
•			SUBTOTAL O	JTSTANDING LOAN	IS THIS PAGE	\$ 2,000.60	

TOTAL OUTSTANDING LOANS \$ 4.500.00

Complete Committee Name

## ADDITIONAL DISCLOSURE

#### Loans

#### Individual, Committee or Commercial

Page <u>5</u> of <u>5</u>

Friends o	f Chuck Mal	y lik.				
		the back of each schedule.			0 ** 11 ***	
Full Name, Mailing Address and Zip Code of Loan Source  Charles Mahlic		ip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date 3	103 5 Clay St				-	
9/2/14 6	reen Bay, Wi	54301	1,000.00	٥	<b>o</b> ,	1,000.00
List All Endorsers or Gu	arantors (if any)					
Full Name, Mailing Add of Guarantor	ress and Zip Code	Occupation				
		Name and Address of Employer				
	1	Amount Guaranteed Outstanding				
Full Name, Mailing Add	ress and Zip Code	Occupation			<del></del>	
of Guarantor		Name and Address of Employer				
		Amount Guaranteed Outstanding				
Full N	ame, Mailing Address and 2		Outstanding Balance Beginning	New Loans This	Cumulative Payments	Outstanding Balance
Date	Charles Mahl		of This Period	Period	This Period	End of This Period
15 / H / 14	Green Bay, W	. 54301	1,000.00	0	0	00,0001
List All Endorsers or Gu	uarantors (if any)			<u></u>		
Full Name, Mailing Add of Guarantor	ress and Zip Code	Occupation	•			
		Name and Address of Employer			.c. ii	
		Amount Guaranteed Outstanding				
Full Name, Mailing Add of Guarantor	ress and Zip Code	\$ Occupation				
		Name and Address of Employer				
		Amount Guaranteed Outstanding				
Full N	ame, Mailing Address and 2	\$ Zip Code of Loan Source	Outstanding Balance Beginning	New Loans This	Cumulative Payments	Outstanding Balance
Date 3	haries Mahlie 1103 S Clayst	-	of This Period	Period 🖰	This Period	End of This Period
List All Endorsers or Gu	breen Bay, wi	54361	3 0 0 0 0		0	300.60
LIST AIR ERGORSERS OF GU	iaiantois (ii any)					azeko konserinsko kara. Maren Konseko Karenez
Full Name, Mailing Add of Guarantor	ress and Zip Code	Occupation				
		Name and Address of Employer	· · · · · · · · · · · · · · · · · · ·			
		Amount Guaranteed Outstanding	·			
Full Name, Mailing Add	ress and Zip Code	\$ Occupation				
•		Name and Address of Employer	weenstern :			
		Amount Guaranteed Outstanding				
		\$				
			CHRTOTALO	ITSTANDING LOAD	NO TURO DA OF	. 2.500.00

TOTAL OUTSTANDING LOANS \$ 4,500 00

	ON FINANCE REPO MITTEES OF WISC		679	29 10117273 AT 18 18 2015 18 19 AV			
Is This Report an Amendment:  Yes  No							
Instructions for completing schedules are on the back of each schedule.							
COMMITTEE IDENTIFICATION				FEB 22/			
Name of Committee	35 LOUE	21/44/202	/505/	A A			
Street Address  2.444 RABCOCK ROAS	DETTEL TOUR	<u> 1014 (-7 ( )</u>	OF OF	FICE USE ONITY			
MOYNIHAN COMMITTEE FOR  Street Address  2444 BABCOCK ROAD  City, State and Zip Code  EREEN BAY W/ 54313							
Please check if address is different than previously reported, a			atement in t	he back of this form.			
NAME OF REPORT							
January Continuing Pre-Primary Pre-Primary	Spring Fall	l Spe	cial				
July Continuing 2015 Pre-Election	Spring Fal	l Spe	cial	Termination Report also complete Schedule 4			
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Colum Calen					
1. RECEIPTS		Year-To	-Date				
1A. Contributions (Including Loans) from Individuals	\$ —	\$ <del>-</del>					
1B. Contributions from Committees (Transfers-In)	s —	\$ <u>-</u>					
1C. Other Income and Commercial Loans	s <u> </u>	\$	<u> </u>				
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ —	\$					
2. DISBURSEMENTS							
2A. Gross Expenditures	\$ 614.87	ا ي \$	4.87				
2B. Contributions to Committees (Transfers-Out)	\$	\$					
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 614.87	\$ 614.	87				
CASH SUMMARY	. ".						
Cash Balance Beginning of Report	\$ 614.87						
Total Receipts	\$						
Subtotal	\$ 614.87						
Total Disbursements	\$ 614.87						
CASH BALANCE END OF REPORT	\$ 0.00			·			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$						
LOANS (Balance at the Close of This Period-3B)	8						
I certify that I have examined this report and to the best o	f mv knowledge and belief	it is true, cor	rect and con	nplete.			

Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Date: 62/09/15

PATRICK W. MOYNIHAN, JR. + Sterke Moy - Daytime Phone: 520.492-236244

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

# DISBURSEMENTS Gross Expenditures

Page \_ l of \_ l

Complete Committee Name	COMMITTEE	FOR	BETTEL	6 UERNAUNT	
Instructions for completin					

,			
Date	Full Name, Mailing Address and Zip Code	Spacific Purpose of Expenditure	Amount
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01 129115			
	CREN BAY, WI 54313	FURDS TO	614.87
	543/3	SELF	
	Check if:  In-Kind Offset	SECI	
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
1 1	Of Person or Business to Whom Payment is Made	· ·	
1 1		•	
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	Observation File to Minute Officer		
<b>D</b> -1-	Check if:  In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
1 1	Of Person or Business to Whom Payment is Made		
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•			
	Charlette Ed to Kind Office		
D-4-	Check if: ☐ In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
1 1	Of Person or Business to Whom Payment is Made		
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Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
vale	Of Person or Business to Whom Payment is Made	obecine Enthose of Exbellourile	Altiount
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Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
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	Check if:		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is Made	opcome r arposo or Exponensio	
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	Check if:  In-Kind Offset		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is Made		
1 1			
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	Check if:		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
	Of Person or Business to Whom Payment is Made		
1 1	•	· ·	
		•	į
	Check if: C In-Kind Offset		
* -			}
			1110
•	SUBTOTAL	ITEMIZED EXPENDITURES THIS PAGE	\$ 614.87
		•	\$ 614.87
		TOTAL ITEMIZED EXPENDITURES	1 6 6/4-8 (
•		IO INT HEMITED EVLEMOHOUS	<b>*</b>
	TOTAL UNIT	EMIZED EXPENDITURES \$20 OR LESS	\$
		•	\$ 614.87
		TOTAL EXPENDITURES	1 \$ \(\sigma \tau \cdot \)

## **SCHEDULE 4**

## TERMINATION REQUEST

Complete Committee Na	me .	
MOYNIHAN	COMMITTEE FOR BETTER GOVERNMEN	11

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

. FUNDS ULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.	
Recipient	Amount
PATRICK W. MOYNIHAN, FTZ. 2444 BABCOCK PD GREEN BAY, WI 54313	614.87
	ULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.

Amount

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer

Jebnay 9, 2015

3 of 3

\*\*\*End of Report\*\*\*

	3
Campaign Finance Report Short Form EB-2a State Elections Board  Continue Secretaria Secr	A.
Short Form EB-2a State Elections Board  Spring Fall Special Pre-Primary Continuing Report due Jan. 31, Spring Fall Special Pre-Election Continuing Report due July 20, 3015	
Name of Candidate or Committee (in full)  Andy Nicholson  800 Venus Dr.  Address (number and street)  Green Bay W 54311	
City, State, Zip	
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec.  11.05(9), Stats.  Signature of Committee Treasure of Candidate Date Daytime Phone	
EB/2a (Rev. 9/95) (Reformatted 0/9k) (Y2k 9/99)	

SHORT FORM – Use For "No Activity" Reporting Period

CAMPAIC LOCAL COM	ON FINANCE OMITTEES OF		1		
Is This Report an Amendment:	⊠ No	-			
Instructions for completing schedules are on the b	ack of each sche	dule.			
COMMITTEE IDENTIFICATION					·
Name of Committee VOTE TIM NOWAK					
Street Address P.O. Box (2102				OF:	FICE USE ONLY
City, State and Zip Code GREEN BAY, WI	54307				
Please check if address is different than previously reported,	and complete the C	ampaign Reg	istration State	ement in tl	ne back of this form. 🗌
NAME OF REPORT					
January Continuing Pre-Primary	Spring	☐ Fall	Specia	al .	A-7
July Continuing 2015 Pre-Election	Spring	☐ Fall	☐ Specia	aI	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A	T T	Column Calenda	ir	
1. RECEIPTS		-	Year-To-I		8:0147 O 1
IA. Contributions (Including Loans) from Individuals	\$	\$ \$	140°5		*191.47 Personal Contribution
1B. Contributions from Committees (Transfers-In)	\$ //~	\$		<u> </u>	COMM
1C. Other Income and Commercial Loans	\$ (/	\$	<u> </u>		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$	140 00	-	9/91.47 Resonal Contribution
2. DISBURSEMENTS					Covetre bighan
2A. Gross Expenditures	\$ 195,3	\$	331	47	
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$		` 	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 195.3	<u> </u>   \$	331	, 47	
CASH SUMMARY					
Cash Balance Beginning of Report	\$				
Total Receipts	\$			_	202122
Subtotal	\$			178	102021563
Total Disbursements	\$			576	
CASH BALANCE END OF REPORT	\$ 00		•	13147	7 2015 2015 28
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 8			2777	PSOPER L. Juno Sondra L. Juno Brown County Cherk PS 9 5 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
LOANS (Balance at the Close of This Period-3B)	\$ \$			176	SCOCT CT.
I certify that I have examined this report and to the best of	of my knowledge a	ınd belief it i	is true, corre	ct and cor	nplete.
Type or Print Name of Candidate or Treasurer Sign	nature of Candidate or	Treasurer	$\Omega$	Date: 7	16/15
Tronothy J. Nounde (	ymoth	ALL		Daytime Pi	none: (920) 621-9838

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09)

## SCHEDULE 1-A

# RECEIPTS Contributions (Including Loans) From Individuals

	1		/
Page		of	

Complete Con	VOTE TIM NOWAK			
Instructions f	or completing schedules are on the back of e Full Name, Malling Address and Zip Code	ach schedule. ! Occupation, Name and Address of Principal Place	Amount	Calendar
		Of Employment (if year-to-date total exceeds \$100)	Amount	Year-to-Date Total
3 25 15	Timothy J. Nowsh		\$191,47	191,47
	(SELF)	(saf)	111, -	
	A STATE OF THE STA	Condition Manager		
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name: Occupation, Name and Address of Principal Place		Calendar
1 1		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
		,		
	Check if: CIn-Kind CLoan Conduit	Conduit Name:		•
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
l f		CA Employment (ii year-to-date total exceeds \$100)		700,100000
		; ; 1		
	Check if: In-Kind Loan Conduit	Conduit Name:		
Date	Full Name, Malling Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1 I				
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:  Occupation, Name and Address of Principal Place	Amount	Calendar
1 1	· an Hame, maning reactors and Exp Code	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
•	,		]	
	Charles Clarking Charles	Conduit Name:		
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar Van de Bate Tatal
1 1		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
	Check if: In-Kind Loan Conduit	Conduit Name;		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
$I_{i} = I_{i}$				
	,			
D-1-	Check if: In-Kind Loan Conduit	Conduit Name: Occupation, Name and Address of Principal Place	Amount	Calendar
Date	Full Name, Malling Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Year-to-Date Total
1 1				
		One delta Manua		
<del> </del>	Check if: In-Kind Loan Conduit	Conduit Name:	<del>                                     </del>	1
	SUBT	TOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$	1
		TOTAL ITEMIZED CONTRIBUTIONS	\$ /	
·	ТОТА	L UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ (	
	TOTAL CO	NTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 191,47	/



# DISBURSEMENTS Gross Expenditures

Complete Committee Name	A			
ounipieto deliminato manie			A la f	
	1 MATE	Tim	NIOWALC	
	VOID	1	/ O 0 0 0 1 1 -	•

Inst	ruction	ns for	completing schedules are on the back of each s	schedule,	,
	Date		Full Name, Mailing Address and Zip Code	Spacific Purpose of Expenditure	Amount
3	25'	iS	Of Person or Business to Whom Payment is Made	YAMO SIGNS	19(3)
			Check if: Min-Kind Offset	YAND SIGNS	(10)
	Date / /	·	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment Is Made	Specific Purpose of Expenditure	Amount
	, ,				
			Check if:		
	Date		Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount '
_	1 1		•		
	Date	-	Check if:	Specific Purpose of Expenditure	Amount
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	Date		Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
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			_		•
	Date		Check if: In-Kind Offset Full Name, Mailing Address and Zip Code	Operities Described in the Company of the Company o	Amount
	Dale I I		Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Milogit
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			Check if: In-Kind Offset		
	Date / /		Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	, ,				
			Check if: In-Kind Offset		
	Date		Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	1 1				
.*			a		,
	Date		Check if: D In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
	, ,		Of Person or Business to Whom Payment is Made		
	1 1		•		
			•		
			Check if:		
			\$	UBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$
				TOTAL ITEMIZED EXPENDITURES	<b>s</b> /
			тс	OTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ /
				TOTAL EXPENDITURES	s 195.31

## **SCHEDULE 4**

## TERMINATION REQUEST

Complete Committee Name	,			
	VOTE	TIM	Nowak	•

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or
  obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

DISPOSAL OF RESIDUAL FUTURE INFORMATION SHOULD	JNDS D ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.	
Date	Recipient	Amount
(ZERO BAC	LANCE)	

OAN OR DEBT FORGIVENES hereby forgive all personal loans	S or have assumed responsibility for any and all debts of my camp	oaign committee.
Date	Endorser, Guarantor, or Creditor	Amount
(NONE)		'
,		

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer

7/16/

Date

4 0 4

\*\*\*End of Report\*\*\*

5	220 - 857 - 4775		Jan leburs	Dan Robinson
	Date 7/13/15		Signature of Candidate or Treasurer	Type or Print Name of Candidate or Treasurer
		ile.	and belief it is true, correct and comple	I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete
			\$ 1,500.00	LOANS (at close of period)
			49	INCURRED OBLIGATIONS (at close of period)
			1,085.35	CASH BALANCE AT END OF REPORT
			20.20	Total Disbursements
			1,105.55	Subtotal
			0.24	Total Receipts
•			\$ 1,105.31	alance at Beginning of Report
				CASH SUMMARY
		\$ 20.02	20.20	TOTAL DISBURSEMENTS (Add totals from 2A and 2B)
		***************************************	0.00	B. Contributions to Committees (Transfers-Out)
		\$ 20.02	20.20	A. Gross Expenditures
				1. DISBURSEMENTS
		\$ 0.24	0.24	TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)
		\$ 0.24	0.24	C. Other Income and Commercial Loans
			0.00	B. Contributions from Committees (Transfers-In)
			0.00	A. Contributions including Loans from Individuals
	Office Use Only	ALD	This Period	1. RECEIPTS
•	Audited Totals	Column B	Column A	SUMMARY OF RECEIPTS AND DISBURSEMENTS
				Activity from 1/1/2015 - 6/30/2015
			J.	NAME OF REPORT July 2015 Continuing
	3-			
62728293	GAB # ID 105501			City, State, ZiP De Pere, WI 54115 .
Some county on	OFFICE USE ONLY			
Sandra L. Juno Provin County Clar				Name of Committee Friends of Dan Robinson
	23			COMMITTEE IDENTIFIC Friends of Dan Robinson
HECEIVEL JUL 2015	3456>			Is this report an Amendment?
8970				
A121314				CAMPAIGN FINANCE REPORT

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.

Faiture to provide this information may subject you to the penalties of ss.11.60, 11.62, Wisconsin Stats.

1 of 5

CAMPAIGN FINANCE REPOSITATE OF WISCONSIN	ORT				75
Is this report an Amendment?		<b>\</b> }:			4
COMMITTEE IDENTIF Friends of Dan Robinson					
Name of Committee Friends of Dan Robinson					
Address 446 Cook Street				OFFICE USE	ONLY
City, State, ZIP De Pere, WI 54115				GAB # ID	105501
NAME OF REPORT July 2015 Continuing Activity from 1/1/2015 - 6/30/2015					
SUMMARY OF RECEIPTS AND DISBURSEMENTS		Column A	Column B	Audited Tota	ls
1. RECEIPTS	1	This Period	YTD	Office Use O	nly
A. Contributions including Loans from Individuals		0.00			8 5 0 Sept
B. Contributions from Committees (Transfers-In)		0.00	***	1.04.54	3 6 6 6 6 6 7
C. Other Income and Commercial Loans		0.24	\$ 0.24		
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)		0.24	\$ 0.24	0.26.564	
1. DISBURSEMENTS					
A. Gross Expenditures		20.20	\$ 20.02		
B. Contributions to Committees (Transfers-Out)		0.00			
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)		20.20	\$ 20.02		
CASH SUMMARY					
Cash Balance at Beginning of Report	\$	1,105.31			
Total Receipts		0.24			
Subtotal		1,105.55			
Total Disbursements		20.20		12	
CASH BALANCE AT END OF REPORT		1,085.35		200	
INCURRED OBLIGATIONS (at close of period)	\$				
LOANS (at close of period)	\$	1,500.00			
I certify that I have examined this report and to the best of my knowl			l complete.		
Type or Print Name of Candidate or Treasurer	Signature	e of Candidate or Treasurer		Date	
				Daytime Phone	

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.

SCHEDULE Commercial
1-C Loans

				4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4						
DATE	LAST NAME/BUSINESS NAME	FIRST NAME	GAB ID	<u>ADDRESS</u>	<u>CITY</u>	<u>TS</u>	ST ZIP	REASON FOR INCOME	AMOUNT	AMOUNT COMMENTS
02/28/15	02/28/15 Harbor Credit Union			800 Weise St		<u>≦</u>	54302	WL_ 54302 Interest Income	\$ 0.05	
03/31/15	03/31/15 Harbor Credit Union			800 Weise St	Green Bay	≨	54302	54302 Interest Income	\$ 0.06	
04/30/15	04/30/15 Harbor Credit Union			800 Weise St	Green Bay	<b></b>	54302	54302 Interest Income	\$ 0.04	-
 05/31/15	05/31/15 Harbor Credit Union			801 Weise St	Green Bay	WI	54302	54302 Interest Income	\$ 0.05	
 06/30/15	06/30/15 Harbor Credit Union			802 Weise St	Green Bay	WI	54302	54302 Interest Income	\$ 0.04	

· ·

# contributions to other committees)

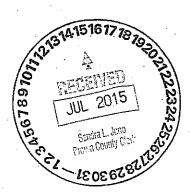
SCHEDULE 2-A

			N-KIN
			PERSONAL D LOAN PYMT
03/31/15	02/28/15	01/31/15	DATE
03/31/15 Harbor Credit Union	02/28/15 Harbor Credit Union	01/31/15 Harbor Credit Union	PERSONAL  DATE LAST NAME/BUSINESS NAME
			FIRST NAME G
			GAB ID
800 Weise Street	800 Weise Street	800 Weise Street	ADDRESS
Green Bay	Green Bay	Green Bay	<u>CITY</u>
≦	×	≦	100000000000000000000000000000000000000
WI 54302 ADMBF	WI 54302 ADMBF	WI 54302 ADMBF	ST ZIP
ADMBF	ADMBF	ADMBF	PURPOSE COMMI
0.20	10.00	10.00	AMOUNT
			OMMENT
			COMMENT EXPIRECOUN  S T

SCHEDULE 3-B Loans: Individual, Committee or Commercial

							10/10	DATE	
							10/10/14 Daniel Robinson	Ė	
							Robinson	<u>NAME</u>	
					,		446 Cook Street	ADDRESS	
							De Pere	<u>CITY</u>	
					_		WI 5	IS	1
							4115	ZIP	
							WI 54115 \$ 1,500.00	ST ZIP of Period	100000000000000000000000000000000000000
							\$0.00	New Loans This Period	
								Cumulative Payments This Period	
-	\$ -	- \$	\$ \$	\$ \$	\$	\$ \$ -	\$ 1,500.00	Outstanding Balance End of Period	1
							,	Outstanding Balance End any) Name and Address	

Campaign Finance Report Short Form EB-2a State Elections Board	; ;	and providing that a state of the state of t	
Spring Fall Special Pre-Primary  Spring Fall Special Pre-Election		Report due Jan. 31, Report due July 20,	15
CITIZENS W Sicher  Name of Candidate or Committee (in full)  460 MUS LANGE  Address (number and street)  Gren Big W2 SU311  City, State, Zip			
I certify that the above named committee or candidate make disbursements, or incur obligations during the p balance remains the same as previously reported. Th 11.06(9), Stats.	eriod covered by t	his report and that the cash	
Signature of Committee Treasurer or Candidate  FB-2a / Pery 9/95 / Photography 2/98 / (V2V 9/99)	Date 7'15.15	Daytime Phone 920.63	366



SHORT FORM – Use For "No Activity" Reporting Period

						370212	2233
(	CAMPAIGN FINANCE REPOR STATE OF WISCONSIN	?T		***	/:	RECEIV	ED 2015 AND CONTROL CO
Is this report an Amendment?						JUL	trar jino
COMMITTEE IDENT	IFICATION		·····			10180 P	
Name of Committee	Streckenbach for Brown County Ex	recutiv	ve			02.9	970
Address	PO Box 22283					OFFICE USE	ONLY
City, State, ZIP	Green Bay, WI 54305			•		GAB # ID	
NAME OF REPORT	Jan 20 Continuing Pre-Primary	20			Spring	Fall	Speci
	July 2015 Continuing Pre-election	20			Spring	Fall	Speci
SUMMARY OF REC	EIPTS AND DISBURSEMENTS		Column A	1	Column B	Audited Tot	als
1. RECEIPTS	EN TO AND BIODOTTOLINETTO	4	his Period		YTD	Office Use (	
	uding Loans from Individuals	\$	1,225.00	\$	28,479.92		
	n Committees (Transfers-In)	\$	- 1,220.00	\$	2,150.00		
C. Other Income and	, ,	\$		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5 95 S P 55 S	0.000 000 000 000
	Add totals from 1A, 1B, and 1C)	\$	1,225.00	\$	30,629.92		60 42 66 64 60 63
1. DISBURSEMENT		1	· · · · · · · · · · · · · · · · · · ·	1			
A. Gross Expenditure		\$	40,624.81	\$	50,471.58	6 16 18 75 Fr	
	committees (Transfers-Out)	\$	-				
	MENTS (Add totals from 2A and 2B)	\$	40,624.81	\$	50,471.58		9 7 6 5 5 6 6
CASH SUMMARY							
Cash Balance at Beg	inning of Report	\$	74,384.02				
Total Receipts		\$	1,225.00				
Subtotal		\$	75,609.02				
Total Disbursements		\$	40,624.81				
CASH BALANCE AT	END OF REPORT	\$	34,984.21			9,60,50,50,50	
INCURRED OBLIGA	ATIONS (at close of period)	\$	_				
LOANS (at close of p	period)	\$	5,427.82	_	,	Ω	
I certify that I have exan	nined this report and to the best of my know	ledge a	and belief it is tr	ue, co	rrect of a comple	rte.	
Type or Print Name of Candid			ture of Candidate of		77 / //	Date	e 6/30/201
Troy Streckenbach		Email	The Desire			Daytime Phone	e 920-288-2231

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.

Failure to provide this information may subject you to the penalties of ss.11.60, 11.61, Wisconsin Stats.

GAB-2S (03/14) Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 | Phone: 608-261-2028 | Fax: 608-264-9319 | web: https://cfis.wi.gov | email: GABCFIS@wi.gov

						Perso ( nal Loan		Strecke
						CONDUIT NUMBER		enbach fo
6/30/2015 Pandl	4/9/2015 Cradler	4/9/2015 Smet	4/9/2015 Popkey	4/9/2015	4/9/2015	DATE	SCHEDULE 1-A	or Brown Co
Pandl	Cradler	Smet	Popkey	4/9/2015 Pletcher	4/9/2015 Schneider	LAST NAME	À	Streckenbach for Brown County Executive
James	Fredric	Scott	Daniel	Kathy	James	FIRST NAME	Contribution	
1189 Pleasant Valley Oneida	3481 Nicolet	1428 Fox River Dr	815 Nicalet Ave	515 Sunset Ct.	1430 Marine St	ADDRESS	Contributions Including Loans from Individuals	
Oneida	Green Bay	DePere	DePere	Denmark	Green Bay	CITY	s from Indi	
₹	≦	≦	≦	≦	≦	ST	Vidu	
54155	54311	54115	54115	54208	54301	ZIP	als	
		54115 Contractor			Employed	OCCUPATI ON TITLE		
		Smet				EMPLOYER NAME		
		300 N. Broadway			1430 Marine	EMPLOYER ADDRESS		
		Green Bay WI			Green Bay WI	EMPLOYE R CITY		
						EMPLO ER STAT	A STANSON OF THE STAN	
		54303			54301	EMPLO YER ZIP CODE	A COLONIA COLO	
100.00	25.00	500.00	50.00	50.00	500,00	AMOUNT		

2 of 8

30+8

Streckenbach for Brown County Executive   SCHEDULE +C   Other Income and Commercial Loans   NAME/BUSINESS   FIRST NAME   GABID   ADDRESS   CITY   ST   ZIP   NICOME   AMOUNT	interior		П	-		 _	7	7	7
Ch for Brown County Executive Charling Commercial Loans City St ZIP REASON FOR ST INDUSTRIESS CITY ST ZIP INCOME		DATE							
REASON FOR SID ADDRESS CITY SI ZIP NICOME	Streckenbach for SCHEDULE 1-C LAST NAME/BUSINESS	NAME							
REASON FOR SI ZIP INCOME	· Brown County E	FIRST NAME							
CITY ZIP REASON FOR INCOME	Other Income	GABID							
CITY ZIP REASON FOR INCOME	and Commercial Loa	ADDRESS							
ZIP NCOME		CITY							
REASON FOR	1								
NCOME AMOUNT	S2980995376	1 1 288					-	_	
AMOUNT	EASON FOR	INCOME							
		AMOUNT							

4 of 8

04/06	04/2	04/0	04/02	04/00	04/07	03/30	03/2-	SCHEDULE 2-A PERSO NAL LOAN KIND PYMT DATE
04/06/15 Paypal	04/25/15 FaceBook	04/01/15 Office Max	04/02/15 USPS	04/09/15 Kuehne Printing	04/07/15 Green Bay Distrillery	03/30/15 Kuehne Printing	03/24/15 The Wurzburg Company	LAST NAME/BUSINESS NAME
								Gross Expenditures (NOT contributions to ot  FIRST NAME GABID ADDRESS CITY
2211 N First Street	1601 Willow Road	1535 W Mason	118 N Monroe	401 N Quincy	835 Potts	401 N Quincy	6426 Wydown Circle	ADDRESS
San Jose	Menlo Park	Green Bay	Green Bay	Green Bay	Green Bay	Green Bay	Middleton	ons to other
CA	S	≦	≦	≦	8	≦	₹	ST
CA  95131  BC	94025	54303	54301	54301	54304	54301	53562	ther committees
BC	MEDO	POST	POST	PCP	PEN	MSERV	MEDGD	expense Purpose Code
14.80	145.38	98.00	34.00	93.79	854.55	37,684.29	1,700.00	AMOUNT

5 of 8

<u>ST</u> <u>ZIP</u>
ZIP
<u>ST</u> <u>ZIP</u>
AMOUNT
6 o-f 8

Page 1 of 1

									DATE	
									NAME	SCHEDULE 3-A
									ADDRESS	schedule 3-A Incurred Obligations Excluding Loans
										ons Excluding L
									<u>SII</u> <u>ZIP</u>	oans
									<u>PURPOSE</u>	
						•			Outstanding Balance Beg of Period	
									New Obligations This Period	
									Payment This Bal Close of Period Period	
\$ \$	\$ <del>69</del>	<del>69</del>	49	<del>\$</del>	€9	\$	<del>(5)</del>	\$ \$ -	\$ Outstandin Bal Close o Period	State of the state

								·			DATE		
											<u>Name</u>	SCHEDULE 3-B	Streckenbach for Brown County Executive
											ADDRESS		wn County Executive
											<u>CITY</u>	Loans: Individual, Committee or Commercial	
	_									_	<u>P</u>	ual, C	
L										_	ZIP .	omm	
							,				Outstanding Balance Beg of Period	littee or Co	
											Outstanding Balance Beg New Loans of Period This Period	mmercial	
											Cumulative Payments This Period		
÷	\$	<del>()</del>	-	<del>6</del>	<b>↔</b>	49	<del>\$</del>	<del>'</del>	<del>€</del> 9	<del>€</del> 9	Outstanding Balance End of Period		
											Guarantor (if any) Name and Address		
								0		,	00		

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Campaign Finance Report Short Form EB-2a State Elections Board		
Spring Fall Special Pre-Primary  Spring Fall Special Pre-Election	V	ng Report due Jan. 31,
FRIENDS of Vander Lees	+	
Addréss (number and street)  Liven BAY, WI 5430  City, State, Zip	2/	
I certify that the above named committee or candidate make disbursements, or incur obligations during the p balance remains the same as previously reported. The 11.06(9), Stats.	e did not receive c eriod covered by is report fulfills fili	contributions or other income, this report and that the cash ing requirements under Sec.
Signature of Committee Treasurer or Candidate  And All All	Date 7/17/15	920 - 443 - 417g
EB-2a/(Rev. 9/95) (Reformatted 3/98)(Y2K 9/99)	1 1	



SHORT FORM – Use For "No Activity" Reporting Period

Campaign Finance Report Short Form EB-2a State Elections Board	
Spring Fall Special Pre-Primary	Continuing Report due Jan. 31,
Name of Candidate or Committee (in full)  Address (number and street)  Address (number and street)  Address (number and street)	RTREASURER Bitters Court Bay WI 54301
I certify that the above named committee or candidate make disbursements, or incur obligations during the p balance remains the same as previously reported. The 11.06(9), Stats.	eriod covered by this report and that the cash
Signature of Committee Treasurer or Candidate  Aud 5 - School	Date Daytime Phone (9.20) 7/16/15 448 - 63.21

SHORT FORM – Use For "No Activity" Reporting Period